U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3725

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

3. Name and address of person filing.  Name Thomas R Davis  Labor Organization File number, and address of labor organization.  Name T.A.T.S.E. Log/ 80  Labor Organization File Number PO6— [[ Y P.O. Box, Bidg., Room No., if any  Street 4/38 Manzanita  City Camarillo  State Ca/ ZIP Code +4 980/2 State Ca/ ZIP Code +4 980/5  5. Position in labor organization.  Business Representative  Enter appropriate data below if, during the past fiscal year, you or your appease or minor child directly or indirectly had any of the following interests (except as specified in the exclusions see forth in the flastrations):  A. Held an interest in, engaged in transactions (including loans) with, or derived incorne or other economic benefit of monotary value from an employer whose employees your organization represents of its actively isoleting to represent.  7. A. Nature of Interest, Transaction, or Income.  Name  Trade Name, if any.  P.O. Box, Bidg., Room No., if any  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (pockding the information contained in any accompanying documents), has been extensioned by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Í	1/1/04 Through: 12/31/04
Labor Organization File Number OO6 — // U  P.O. Box, Bildg., Room No., if any  Street 4/3 8 Manzanita  City Camarillo  State Ca/  ZiP Code +4 9/30 / 2  State Ca/  ZiP Code +4 9/30 / 2  State Ca/  Enter appropriate data below if, during the past fiscal year, you or year spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other acconomic benefit of monoclary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Signature  15, Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if any  Street 438 Man zenifa  City Camarillo  State Cal ZIP Code +4 930 / 2  State Cal ZIP Code +4 930 / 2  State Cal ZIP Code +4 930 / 2  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the excisions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  8. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, tous, correct, and complete. (See the section on penalties in the instructions.)	Name Thomas R Davis	Name T.A.T.S.E. Local 80
Street 4/3 8 Man zan i t a  City Canarillo  City Burbank  State Cal ZIP Code + 4 930 / 2  State Cal ZIP Code + 4 930 / 2  State Cal ZIP Code + 4 930 / 2  State Cal ZIP Code + 4 930 / 2  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (exapt as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any.  P.O. Box, Bidg., Room No., if any  Trade Name, if any.  Street  City  State ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatury and is, to the best of the undersigned's incowledge and belief, two, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization File Number PO6-114
City Camarillo  State Cal ZIP Code +4 930 / 2 State Cal ZIP Code +4 9505  5. Position in labor organization. Business Representative  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including bans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any.  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  City  State ZiP Code +4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
State Ca / ZIP Code +4 930 / 2 State Ca / ZIP Code +4 9350 / 2  5. Position in labor organization. Business Representative  Enter appropriate data below If, during the past fiscal year, you or your spouse or mimor chilld directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street 438 Manzanita	Street 2520 W. Olive
State Ca / ZIP Code +4 930 / 2 State Ca / ZIP Code +4 97505  5. Position in labor organization.  Business Representative  Enter appropriate data below If, during the past fiscal year, you or your spouse or mimor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived incorne or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Streat  2IP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		Control of Control of the Control of
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	State Ca/ ZIP Code + 4 930 / 2	State <i>Ca</i> / ZIP Code + 4 9/505
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any.  P.O. Box, Bidg., Room No., if any  Title City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZiP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name:	
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	The second secon	
State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Trade Name, if any.	
State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	grande and the second	
State  ZiP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bidg., Room No., if any	7 h America
State  ZiP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		7.D. Amount
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street :	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	City	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Only	No. 1 and 1
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	State ZiP Code + 4	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Signature	
	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
Signed Mon Vacia on 8/6/05 8/8 526-0702	Signed Mon Cacia	On 8/6/05 8/8 526-0702 Date Telephone Number
Date I elephone Number		Date l'elephone Number

Name of Person Filling	File Number U- 3725	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
Câty		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:	·	
P.O. Box, Bldg., Room No., if any		
Street :	11.b. Approximate dollar value of such dealing.	
City		
State ZIP Code + 4	12.a. Nature of interest held or income received.	
İ		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	